

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

BERNARD NO. **09/937991** | FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL CLAIMS | 6 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

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